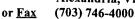
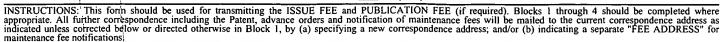
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23869

01/29/2004

HOFFMANN & BARON, LLP 6900 JERICHO TURNPIKE SYOSSET, NY 11791



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Karen DeSalvo	(Depositor's name)
Me Callelo	(Signature)
February 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/650,055	08/29/2000	Robert A. Kay	1040-5	8753

TITLE OF INVENTION: COMPOSITION AND METHOD FOR TREATMENT OF CONDITIONS HAVING AN INFLAMMATORY COMPONENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1330)	\$	0	\$1330		04/29/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS				
JONES, DWAYNE C		1614		514-062000		•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single					
			firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT	(print or type)				
(A) NAME OF ASSIGN	IEE .) RESIDENC	CE: (CITY and S	Inclusion of as his form is NOT		is only appropr e for filing an as	iate when an assignment has signment.
Leiner Health S	Services Corp.		Carson	, CA				
	e assignee category or catego	ries (will not be pri	inted on the p	atent); 🗖 ii	ndividual ⊠ic	orporation o	or other private g	group entity 🔲 government
4a. The following fee(s) are	enclosed:		4b. Payment of Fee(s):					
K) Issue Fee			X A check in the amount of the fee(s) is enclosed.					
☐ Publication Fee			•	•	orm PTO-2038			
X Advance Order - # of	Copies	<u> </u>	The Direct Deposit According	ctor is hereby a ount Number	uthorized by ch 08-2461	arge the re-	quired fee(s), or enclose an extra	copy of this form).
-	ested to apply the Issue Fee a	nd Publication Fee	(if any) or to	re-apply any p	reviously paid is	sue fee to th	ne application id	entified above.
(Authorized Signature)	Sam	(Date)	3/0	/				
other than the applicant;	d Publication Fee (if required a registered attorney or age cords of the United States P.	ent; or the assigne	e or other p	arty in	on 0271072004 HDHATE2 00000212 09 1 to an 02 FC::8001 0 is the ual //or			
obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT	ation is required by 37 CFR by the public which is to fix its governed by 35 U.S.C. tates to complete, including grm to the USPTO. Time with amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLET for Patents, Alexandria, Vir	ile (and by the US 122 and 37 CFR 1.1 athering, preparing II vary depending require to complet to the Chief Inform of Commerce, A TTED FORMS TO	PTO to proce 4. This collect, and submitt upon the ind te this form	ess) an ction is ing the lividual and/or				1330.00 OP 30.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.